



COUNTY OF FAIRFAX
Department of Planning and Zoning
Zoning Evaluation Division
12055 Government Center Parkway, Suite 801
Fairfax, VA 22035 (703) 324-1290
TTY 711 (VA Relay)

APPLICATION No: VC 2014-MA-003
(Staff will assign)

RECEIVED
Department of Planning & Zoning

JAN 14 2014

Zoning Evaluation Division

APPLICATION FOR A VARIANCE

(PLEASE TYPE or PRINT IN BLACK INK)

APPLICANT	NAME <u>ABDUL S. AHMADY Amina Ahmady</u>
	MAILING ADDRESS <u>5448 Cross Rail Dr Burke VA</u>
	PHONE HOME (703) 426-2725 WORK (703) 619-9183
PROPERTY INFORMATION	PROPERTY ADDRESS <u>6624 Turn Lane CT Alexandria</u>
	TAX MAP NO. <u>71-4-1-0069</u> SIZE (ACRES/SQ FT) <u>1.17 Acres</u> ^{2.7.14}
	ZONING DISTRICT <u>R2 Mason District</u> MAGISTERIAL DISTRICT
VARIANCE REQUEST INFORMATION	ZONING ORDINANCE SECTION (staff will fill this out)
	NATURE OF REQUEST [circle the item(s) and fill in as appropriate]
	A. To permit construction of [circle the appropriate item(s)]: <u>2</u> story dwelling addition, deck, roofed deck, accessory storage structure, accessory structure, <u>10</u> feet from the: <u>front</u> side, rear lot line
	B. To permit the subdivision of ___ lot(s) into ___ lot(s) with proposed lot(s) # _____ having a lot width of _____ feet
	C. To permit the construction of a fence greater than ___ ft. in height in the [circle the appropriate item(s)]: <u>front yard</u> , <u>side yard</u> or <u>rear yard</u> .
D. Other _____	
AGENT/CONTACT INFORMATION	NAME <u>ABDUL S - Ahmad</u>
	MAILING ADDRESS <u>5448 Cross Rail Dr Burke VA 22035</u>
	PHONE HOME <u>(703) 426-2725</u> WORK <u>(703) 619-9183</u> 202-812-9057
MAILING	Send all correspondence to (check one): <input type="checkbox"/> Applicant -- or -- <input type="checkbox"/> Agent/Contact
The name(s) and addresses of owner(s) of record shall be provided on the affidavit form attached and made part of this application. The undersigned has the power to authorize and does hereby authorize Fairfax County staff representatives on official business to enter onto the subject property as necessary to process the application.	
<u>ABDUL S - Ahmad</u> <u>[Signature]</u> TYPE/PRINT NAME OF APPLICANT/AGENT SIGNATURE OF APPLICANT/AGENT	

DO NOT WRITE IN THIS SPACE

Date application received: _____

Date application accepted: Mar 25, 2014 Application Fee Paid: \$ 885.00

[Signature]

[Signature]
4/17/14

mpc
3/25/14